

EQUINE PRE-PURCHASE EXAM & AGREEMENT

Potential Buyer's Information

Name: _____

Phone: _____

Email: _____

Seller's Information

Name: _____

Phone: _____

Email: _____

Horse Information

Reg Name (if supplied): _____ Age: _____ Sex: _____

Barn Name: _____ Breed: _____ Color: _____

Tattoo/Brand/Chip: _____ Approx Ht: _____ Approx Wt: _____

Current Work/Use: _____ Intended Work/Use: _____

Historical Information

Duration of Ownership: _____ Current Medications: _____

| | | Comments |
|---|---|----------|
| Has horse been in consistent work for last 6 months? | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Has horse competed/worked previously at intended level of use? | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Does the horse have a current Coggins? (within the last six months?) | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Does the horse routinely compete on any medication? | <input type="checkbox"/> Y <input type="checkbox"/> N | |
| Have any joints been injected in the last six months? | <input type="checkbox"/> Y <input type="checkbox"/> N | |

Comments

Do you have any knowledge of previous injuries/health issues? (colic, respiratory, trauma, lameness, etc.) Y N

Behavioural abnormalities, vices? Weaving? Biting? Stall walking? Cribbing? Headshaking? Y N

Is this horse currently insured? Y N

Please list current vaccines and dates:

Are you aware of any other significant issues that should be brought to the attention of the examining veterinarian?

I acknowledge the information provided here is true and complete to the best of my knowledge, and that this information will contribute to the buyer's decision regarding the purchase of this animal.

Seller's Name: _____

Seller's Signature: _____

Date: _____